



# Community Development

## Zoning Division

18400 Murdock Circle, Port Charlotte, FL 33948-1094  
Phone: (941) 743-1964 or (941) 743-1230 Fax: (941) 743-1598  
[www.charlottecountyfl.com](http://www.charlottecountyfl.com)

*"Leading the Way in Defining Community Development"*

### Change of Occupancy - Application

Please note a Change of Occupancy Application submittal may require the payment of Impact fees do to a property changing its use. The appropriate fee if applicable shall be deemed payable at time of permit pickup.

Zoning Tech. Signature: _____	Date Received: _____
Permitted Use: _____	Permit Number: _____
Code Z-COO (Office use only)	

- Property Address: \_\_\_\_\_  
(Address) (City) (Zip + four)
- Zoning Classification of Property: \_\_\_\_\_ How many units in building: \_\_\_\_\_
- Unit number: \_\_\_\_\_; Area of Unit: \_\_\_\_\_ sq. ft.
- Are 6" street address number and unit number's on building? ..... YES ..... NO
- a. Number of parking spaces provided for your unit: \_\_\_\_\_ Number of ADA spaces: \_\_\_\_\_
- b. Number of parking spaces required \_\_\_\_\_  
\*\*\* Site Plan of Building and Parking lot is Required \*\*\*
- Is property on sewer? ..... YES ..... NO (if not, applicant must provide Health Department approval)
- Will there be any outdoor seating areas? ..... YES ..... NO If yes what is total area: \_\_\_\_\_ sq. ft.  
There may be an Impact Fee required for the outdoor seating areas.
- Legal description: Lot(s): \_\_\_\_\_ Block(s): \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Unit or Sub-section: \_\_\_\_\_
- Name of New Tenant (person's name): \_\_\_\_\_  
\_\_\_\_\_  
(Home Address) (City) (State) (Zip + four)  
\_\_\_\_\_  
(Phone Number) (Fax Number) (E-mail Address)
- Name of Proposed Business: \_\_\_\_\_  
Proposed Use: \_\_\_\_\_  
\_\_\_\_\_  
(Phone Number) (Fax Number) (E-mail Address)
- Name of Previous Business: \_\_\_\_\_  
Previous Use: \_\_\_\_\_
- Property Owner(s) of Record: \_\_\_\_\_  
\_\_\_\_\_  
(Home Address) (City) (State) (Zip + four)  
\_\_\_\_\_  
(Phone Number) (Fax Number) (E-mail Address)

**(Return completed form to the Zoning Office)**



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(continued)

**Business Tax Receipt Request:** Will the proposed use involve exposing any specified anatomical areas as defined in Section 3-9-2 of the Charlotte County Code, sale lease or rental of a video, toys or novelties, massage, lingerie modeling or any other activities covered under or described in Charlotte County Code Chapter 1-10, Article V or Section 3-9-2 or 3-9-73 (Ordinances 99-036 and 99-037) **Yes No** (Circle one)

If yes, you must attach a completed application for Sexually Oriented Business Tax Receipt, as well as a survey signed and sealed by a professional surveyor registered in the State of Florida that complies with the requirement of Section 3-7-73 of the Charlotte County Code. I am requesting a Local Business Tax Receipt for the above business.

Applicant's Signature: \_\_\_\_\_

**Owner's Authorization / Inspection Information:** Should an applicant not be the owner of the property, the applicant must submit a notarized authorization giving the applicant the right to apply for this permit. When requesting an inspection it is very important that the inspectors will be able to gain entrance to the premise. An inspector will not go into an open building containing valuables alone. Approximately three inspectors will arrive on the day you select to perform the following inspections: Plumbing, Electric, Fire and Zoning. Power will not be released until the building has been approved by each of the above listed inspectors. Please note that

1. Fire Extinguisher – 2A10BC: One per 3000 square feet (75 feet of travel space) is required. More than one will be required if the area is to contain flammable material. Each must bear current certified tags installed by a fire extinguisher company.
2. Exit Signs & Emergency Lights: the need for exist lights and emergency lights will be determined on the basis the requirements of the National Fire Prevention Association (NFPA) for each type of occupancy. This determination will be made at the time of inspection with no penalty to the applicant if these lights are required.

### **Affidavit of Applicant & Owner(s)**

I, the undersigned, being first duly sworn, depose and say that I am the owner, attorney, attorney-in-fact, agent, lessee or representative of the owner(s) of the majority of the property described and which is the subject matter of the proposed application; that all answers to the questions in this application, and all sketches, data and other supplementary matters attached to and made a part of the application are honest and true to the best of my knowledge and belief. I understand this application must be complete and accurate before the application may be considered, **and that if I am not the owner of the property, I have a notarized authorization from the owner(s)** as signed below.

State of Florida, County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_ who is personally known to me or who has produced \_\_\_\_\_ as identification and who did / did not take an oath.

Applicant Signature: \_\_\_\_\_

Notary Signature: \_\_\_\_\_

Commission Number: \_\_\_\_\_

State of Florida, County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_ who is personally known to me or who has produced \_\_\_\_\_ as identification and who did / did not take an oath.

Owner Signature: \_\_\_\_\_

Notary Signature: \_\_\_\_\_

Commission Number: \_\_\_\_\_